

TINDAMAX PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year (quantity limits per month apply)

PA CRITERIA:

- ❖ The following are approvable diagnoses:
 - Trichomoniasis
 - Giardiasis
 - Intestinal amebiasis
 - Amebic liver abscess
- ❖ Prior use and failure of metronidazole is required.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).